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PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 34225
First Inventor Rudolph Ritter
Title PORTABLE RADIO RECEIVER
Express Mail Label No. EL684153415US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 15]
(preferred arrangement set forth below)
- Descriptive title of the invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 4]
5. ☒ Oath or Declaration [Total Pages]
a. ☐ Newly executed (original or copy)
b. ☐ Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)
c. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
a. ☐ Computer Readable Form (CRF)
b. Specification Sequence Listing on:
i. ☐ CD-ROM or CD-R (2 copies); or
ii. ☐ paper
c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement of Attorney (when there is an assignee) ☐ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No.: /

Prior application information:

Examiner:

Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

| | | | | | |
|-------------------------------------|-----------------------------------|-----------|----|--------------------------|------------------------------|
| <input checked="" type="checkbox"/> | Customer Number or Bar Code Label | 00115 | or | <input type="checkbox"/> | Correspondence address below |
| Name | | | | | |
| Address | | | | | |
| City | | State | | Zip Code | |
| Country | | Telephone | | Fax | |

| | | | |
|-------------------|---------------------------|-----------------------------------|--------------|
| Name (Print/Type) | Thomas P. Schiller | Registration No. (Attorney/Agent) | 20677 |
| Signature | <i>Thomas P. Schiller</i> | Date | Dec 11, 2001 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Complete if Known

| | |
|----------------------|----------------|
| Application Number | |
| Filing Date | 12/11/2001 |
| First Named Inventor | Rudolph Ritter |
| Examiner Name | |
| Group Art Unit | |
| Attorney Docket No. | 34225 |

TOTAL AMOUNT OF PAYMENT (\$) 1272.00

METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number: 16-0820

Deposit Account Name: _____

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Fee Code | Large Entity (\$) | Small Entity (\$) | Fee Description | Fee Paid |
|----------|-------------------|-------------------|-----------------|----------|
| 105 | 130 | 205 | 65 | |
| 127 | 50 | 227 | 25 | |
| 139 | 130 | 139 | 130 | |
| 147 | 2,520 | 147 | 2,520 | |
| 112 | 920* | 112 | 920* | |
| 113 | 1,840* | 113 | 1,840* | |
| 115 | 110 | 215 | 55 | |
| 116 | 400 | 216 | 200 | |
| 117 | 920 | 217 | 460 | |
| 118 | 1,440 | 218 | 720 | |
| 128 | 1,960 | 228 | 980 | |
| 119 | 320 | 219 | 160 | |
| 120 | 320 | 220 | 160 | |
| 121 | 280 | 221 | 140 | |
| 138 | 1,510 | 138 | 1,510 | |
| 140 | 110 | 240 | 55 | |
| 141 | 1,280 | 241 | 640 | |
| 142 | 1,280 | 242 | 640 | |
| 143 | 460 | 243 | 230 | |
| 144 | 620 | 244 | 310 | |
| 122 | 130 | 122 | 130 | |
| 123 | 50 | 123 | 50 | |
| 126 | 180 | 126 | 180 | |
| 581 | 40 | 581 | 40 | |
| 146 | 740 | 246 | 370 | |
| 149 | 740 | 249 | 370 | |
| 179 | 740 | 279 | 370 | |
| 169 | 900 | 169 | 900 | |

Other fee (specify) _____

SUBTOTAL (3) (\$) 0.00

FEE CALCULATION

1. BASIC FILING FEE

| Fee Code | Large Entity (\$) | Small Entity (\$) | Fee Description | Fee Paid |
|----------|-------------------|-------------------|-----------------|----------|
| 101 | 740 | 201 | 370 | 740.00 |
| 106 | 330 | 206 | 165 | |
| 107 | 510 | 207 | 255 | |
| 108 | 740 | 208 | 370 | |
| 114 | 160 | 214 | 80 | |

SUBTOTAL (1) (\$) 740.00

2. EXTRA CLAIM FEES

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|--------------|--------------|----------------|----------|
| 34 | -20** = 14 | x 18.00 | 252.00 |
| 3 | -3** = 0 | x 0.00 | 0.00 |
| | | | 280.00 |
| | | | 280.00 |

Large Entity Small Entity

| Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | Fee Description |
|---------------|---------------|---------------|-----------------|
| 103 | 18 | 203 | 9 |
| 102 | 84 | 202 | 42 |
| 104 | 280 | 204 | 140 |
| 109 | 84 | 209 | 42 |
| 110 | 18 | 210 | 9 |

SUBTOTAL (2) (\$) 532.00

*or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid

| | | | |
|-------------------|---------------------------|-----------------------------------|--------------|
| SUBMITTED BY | | Complete (if applicable) | |
| Name (Print/Type) | Thomas P. Schiller | Registration No. (Attorney/Agent) | 20677 |
| Signature | <i>Thomas P. Schiller</i> | Telephone | 216-579-1700 |
| | | Date | 12/11/2001 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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